Key Financial Information for Loved Ones

Name(s): ____________________ **Updated:** ____________________

Your Valued Financial Advisors

Attorney
Name:
Address:

Phone:

Financial Planner
Name:
Address:

Phone:

Accountant
Name:
Address:

Phone:

Insurance Professional
Name:
Address:

Phone:

Other
Name:
Address:

Phone:

Important Contacts

Employer
Name:
Address:

Phone:

- ☐ Life Ins. ☐ Disability Ins. ☐ Health Ins. ☐ LTC Ins.
- ☐ Retirement Plan ☐ Deferred Comp. ☐ Stock Ownership
- ☐ Stock Options ☐ FSA ☐ Other

Retirement/Pension Benefits Contact
Name:
Address:

Phone:
Beneficiaries:

Other
Name:
Address:

Phone:

Other
Name:
Address:

Phone:

Investments

Acct. Type/Owner:	Acct. Number:	Institution:	Phone:
Acct. Type/Owner:	Acct. Number:	Institution:	Phone:
Acct. Type/Owner:	Acct. Number:	Institution:	Phone:
Acct. Type/Owner:	Acct. Number:	Institution:	Phone:
Acct. Type/Owner:	Acct. Number:	Institution:	Phone:
Acct. Type/Owner:	Acct. Number:	Institution:	Phone:
Acct. Type/Owner:	Acct. Number:	Institution:	Phone:
Acct. Type/Owner:	Acct. Number:	Institution:	Phone:

Banking Information

Checking

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Savings

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Other

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Liabilities (Mortgage, Auto Loans, Student Loans, Other Debts)

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Life Insurance

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Other Insurance (Disability, Long Term Care, Health)

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

OakWood FINANCIAL SERVICES

190 Linden Oaks, Suite A, Rochester, New York 14625 | (585) 787-6870 | www.oakwoodaccess.com